



# CITY OF ABERDEEN APPLICATION FOR BUSINESS LICENSE

FINANCE DEPARTMENT • 200 E. MARKET ST. • ABERDEEN, WA 98520-5207 • (360) 537-3225

## INSTRUCTIONS: (PLEASE READ BEFORE COMPLETING APPLICATION).

1. Complete items 1 through 16 below and sign application.
2. Return completed application with remittance to above address retaining PINK copy for your records.
3. Information provided may be subject to public disclosure (per chapter 42.17 RCW).

## DEPARTMENTAL APPROVAL:

FINANCE \_\_\_\_\_

PLANNING \_\_\_\_\_ BLDG \_\_\_\_\_

POLICE \_\_\_\_\_ FIRE \_\_\_\_\_

1. BUSINESS NAME	2. OWNER(S) NAME
3. WA STATE TAX / UBI #	4. OPENING DATE IN ABERDEEN
5. Have you ever operated a business in Aberdeen before? _____ If yes, what was the business name(s)/approx. dates? _____	
6. LICENSE TYPE: <input type="checkbox"/> ANNUAL <input type="checkbox"/> TEMPORARY	
7. TYPE OF BUSINESS: <input checked="" type="checkbox"/> as many as apply <input type="checkbox"/> Retail/Wholesale Sales <input type="checkbox"/> Service <input type="checkbox"/> Contracting - St. Lic. # _____ <input type="checkbox"/> Manufacturing/Extracting <input type="checkbox"/> Admissions <input type="checkbox"/> Non-profit (Attach proof of IRS tax exempt status) <input type="checkbox"/> Utility <input type="checkbox"/> Gambling <input type="checkbox"/> Other _____	
8. DESCRIBE BUSINESS ACTIVITY: _____	
9. PHYSICAL BUSINESS LOCATION BUSINESS PHONE # (_____) _____ STREET _____ CITY _____ ST _____ ZIP _____ IS THIS ADDRESS YOUR HOME? _____ YES _____ NO	10. BUSINESS MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS) STREET _____ CITY _____ ST _____ ZIP _____
11. CHECK ONE & COMPLETE: <input type="checkbox"/> SOLE PROPRIETOR (13) <input type="checkbox"/> PARTNERSHIP (13) <input type="checkbox"/> CORPORATION / LLC (12)	
12. CORPORATIONS / LLC: CORP. / LLC NAME _____ CORP. / LLC PHONE NUMBER (_____) _____ CORP. / LLC MAILING ADDRESS _____ ATTACH LIST OF CORPORATE OFFICERS / LLC MEMBERS INCLUDING HOME ADDRESS, HOME PHONE #, DATE OF BIRTH, AND DRIVERS LICENSE NUMBER. (NON-WASHINGTON STATE CORPORATIONS ATTACH NAME AND ADDRESS OF LOCAL OR REGISTERED AGENT FOR SERVICE OF PROCESS).	
13. SOLE PROPRIETOR & PARTNERSHIPS: NAME _____ LAST _____ FIRST _____ M.I. _____ BIRTHDATE _____ HOME ADDRESS _____ CITY _____ ST _____ ZIP _____ MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____ HOME PHONE (_____) _____ DRIVERS LICENSE # _____ <input type="checkbox"/> Check if Unlisted Phone Number NAME _____ LAST _____ FIRST _____ M.I. _____ BIRTHDATE _____ HOME ADDRESS _____ CITY _____ ST _____ ZIP _____ MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____ HOME PHONE (_____) _____ DRIVERS LICENSE # _____ <input type="checkbox"/> Check if Unlisted Phone Number	
14. EMERGENCY INFORMATION (Person Fire or Police Departments would contact in case of emergency regarding your business.) 1. NAME _____ PH # (_____) _____ 2. NAME _____ PH # (_____) _____ RELATIONSHIP _____ RELATIONSHIP _____ OWNER OF BUILDING _____ # OF PARKING SPACES _____ FLAMMABLE MATERIALS _____ PREVIOUS USE OF BUILDING _____ AVAILABLE _____ TO BE STORED _____	
15. APPLICANT SIGNATURE _____ DATE _____ PRINT NAME _____ BUS. PH # (_____) _____ DATE PAID _____ TRANS # _____ POSTED _____ LICENSE # _____ SIC _____ MAILED _____ COMPUTER SETUP _____	AMOUNTS PAID: APPLICATION FEE - ANNUAL \$25.00 #2002 \$ _____ APPLICATION FEE - TEMPORARY \$15.00 #2002 \$ _____ TEMPORARY BUSINESS TAX DEPOSIT #2002 \$ _____ GAVE B&O TAX RETURN YES <input type="checkbox"/> DUE DATE _____ TOTAL AMOUNT PAID \$ _____

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